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CONFIRMATION NO. 9602

SERIAL NUMBER 09/613,514	FILING DATE 07/10/2000 RULE	CLASS 368	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. 27553
APPLICANTS Wade C. Klosterman, Denver, CO;				
** CONTINUING DATA ***** This appln claims benefit of 60/143,740 07/14/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CO	SHEETS DRAWING 2	TOTAL CLAIMS 11 INDEPENDENT CLAIMS 2
ADDRESS Thomas B Luebbering Hovey Williams Timmons & Collins Suite 400 2405 Grand Kansas City , MO 64108				
TITLE Voice feedback timer system				
FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)	



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SERIAL NUMBER 09/613,514	FILING DATE 07/10/2000 RULE -	CLASS 368	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. 27553
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APPLICANTS

Wade C. Klosterman, Denver, CO ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/143,740 07/14/1999

**** FOREIGN APPLICATIONS *******

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/29/2000**

**** SMALL ENTITY ****

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Verified and Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

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 Hovey Williams Timmons & Collins
 Suite 400
 2405 Grand
 Kansas City , MO 64108

TITLE

Voice feedback timer system

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit